



Maryland Health Care Commission

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MARYLAND
Health Care
Commission

Advance Care Planning: A First Look



Overview

- ▶ Project Background
- ▶ Key Findings
- ▶ Recommendations
- ▶ Conclusion



Project Background

ACP in the Literature

1. Jaklovic MC. “Despite Big Buildup, Few Benefit from Medicare’s Advance Care Planning.” JAMA, 2021
2. Palmer M, et al. “Advance Care Planning for Medicare Beneficiaries Increased Substantially, But Prevalence Remained Low.” Health Affairs, 2021

Maryland Health Care Commission (MHCC) began a project in summer 2020 to explore advance care planning (ACP) utilization in Maryland.

Project Scope

- ▶ Medicare data from 2016-2020
- ▶ Demographics: Race, gender, age, geographic location

Project Deliverables

- ▶ Presentation at September AD Workgroup Meeting
- ▶ Presentation at October Commission Meeting
- ▶ Data Infographic



Key Findings

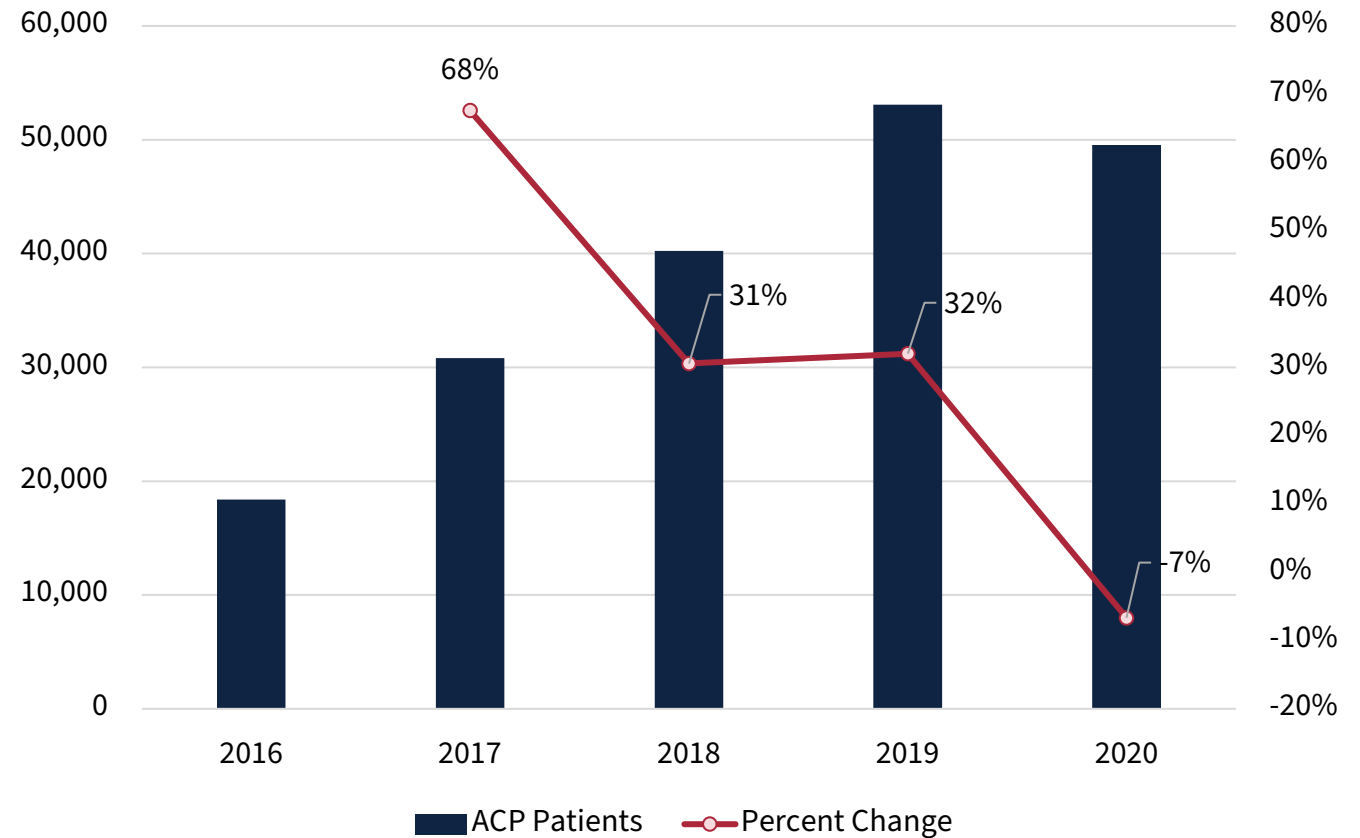




All Beneficiaries with ACP Claims

- ▶ Overall, benes with ACP claims increased from 2016-2019
- ▶ Biggest increase was from 2016-2017
- ▶ During the pandemic in 2020, benes with ACP claims decreased by 6.7% compared to the previous year.

ACP Beneficiaries and Percentage Change by Year, 2016 -2020

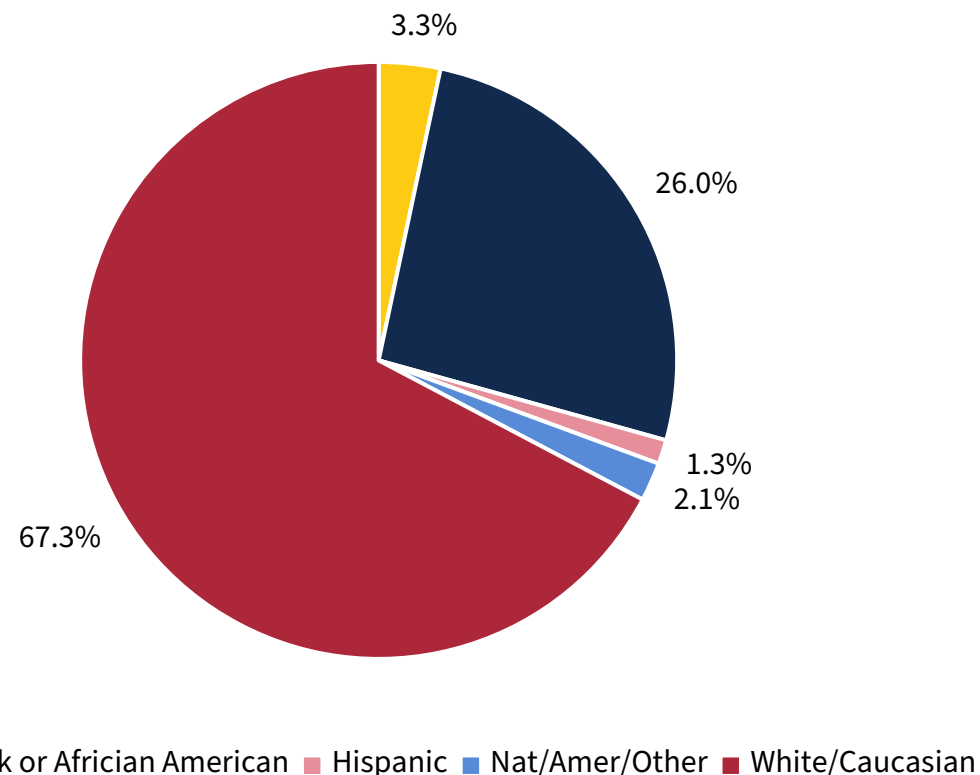




Racial Group

- ▶ Assessed benes with ACP claims in 2020 among five race groups
 - ▶ Race groups: Asian, Black, Hispanic, White, Native American/Other
- ▶ As would be expected, White patients accounted for most of the claims (67.3%), followed by Black patients (26%).
- ▶ Asian patients (3.3%), Native American/Other patients (2.1%), and Hispanic patients (1.3%) combined accounted for less than 6.7% of claims.

ACP Beneficiaries by Race, 2020

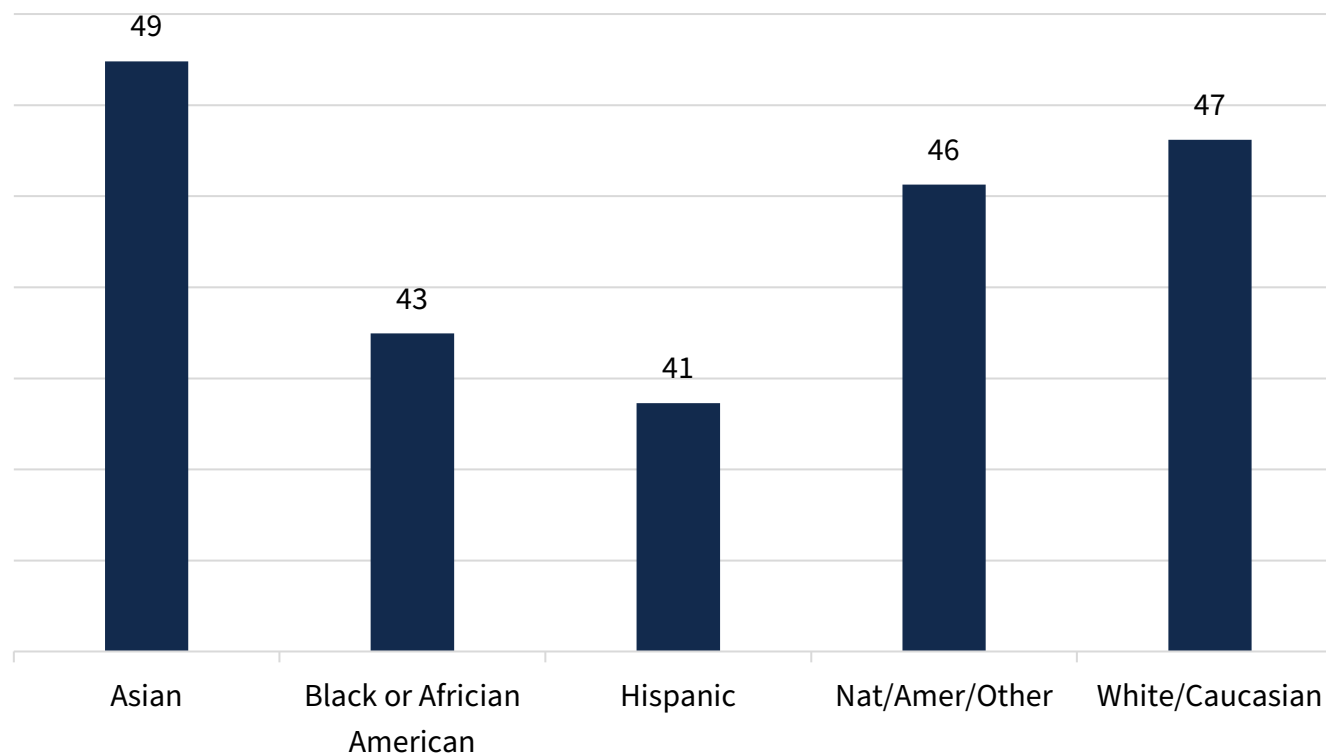




Racial Group

- ▶ In 2020, the rate of benes with ACP claims per 1,000 was relatively even among all racial groups.
- ▶ White patients had the highest rate of claims.
- ▶ Hispanics and Native American/Other had the lowest rate of claims.
 - ▶ These race groups also account for a small proportion of overall benes with ACP claims (Hispanic, 1.3% and Native American/Other, 2.1%).

Beneficiaries/1,000 by Race, 2020

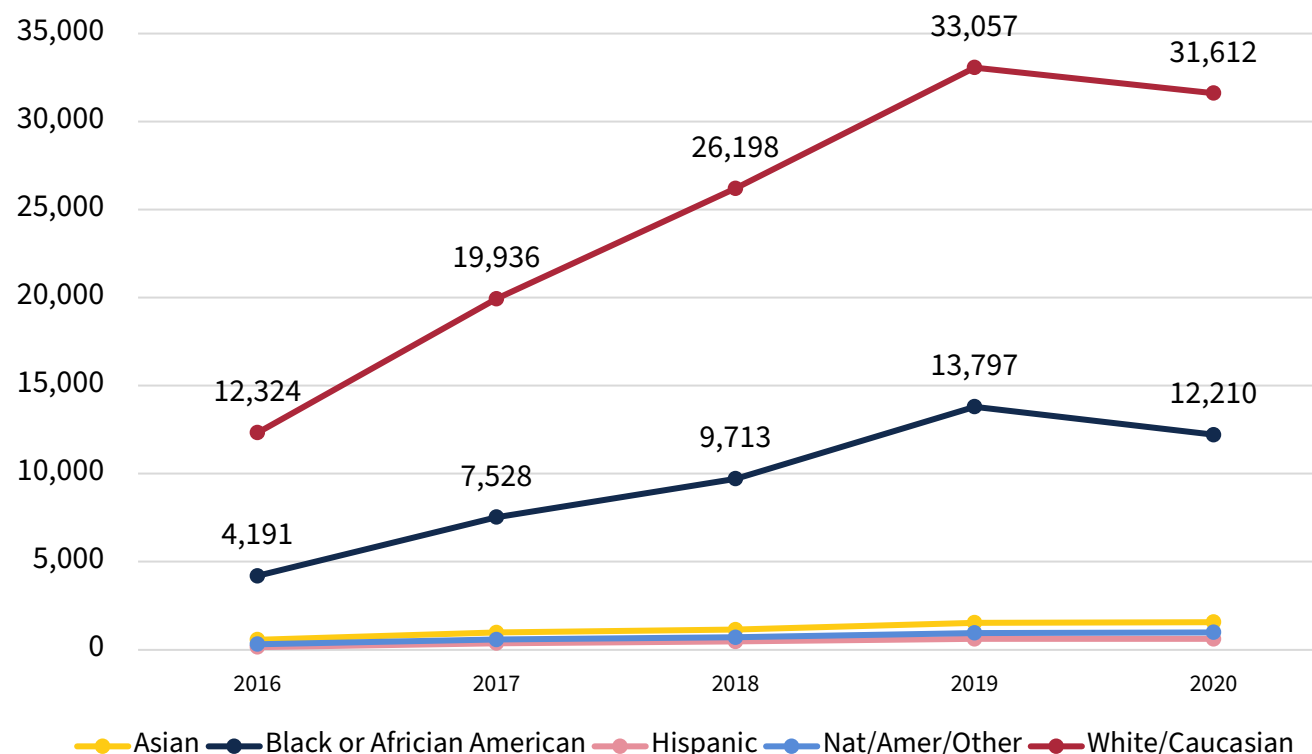




Racial Group – Benes with ACP Claims

- ▶ Over time, ACP claims among White patients and Black patients steadily increased and peaked in 2019.
 - ▶ From 2018-2019, White patient claims increased by 79% and Black patient claims increased by 70%.
 - ▶ From 2019-2020, White patient claims decreased by 4.3% and Black patient claims decreased by 11.5%.
- ▶ During the pandemic in 2020, White patients had 40% more ACP claims than Black patients.

ACP Beneficiaries by Year and Race, 2016-2020

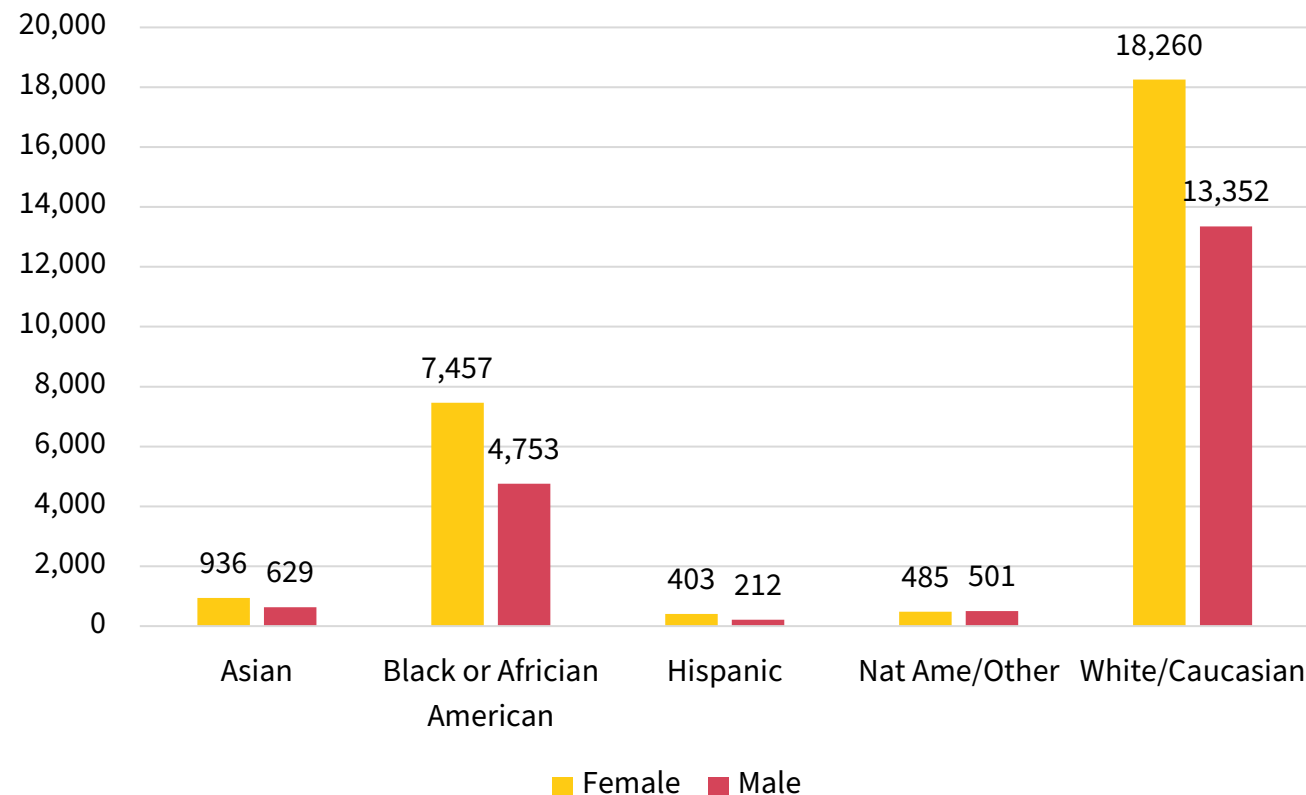




Gender and Race

- ▶ Overall, women had more claims than men.
 - ▶ However, White women had twice the number of ACP claims than Black women.
 - ▶ The same pattern existed for males.
- ▶ Hispanic men had the lowest rate of use across all race categories, but are a small proportion of overall visits.

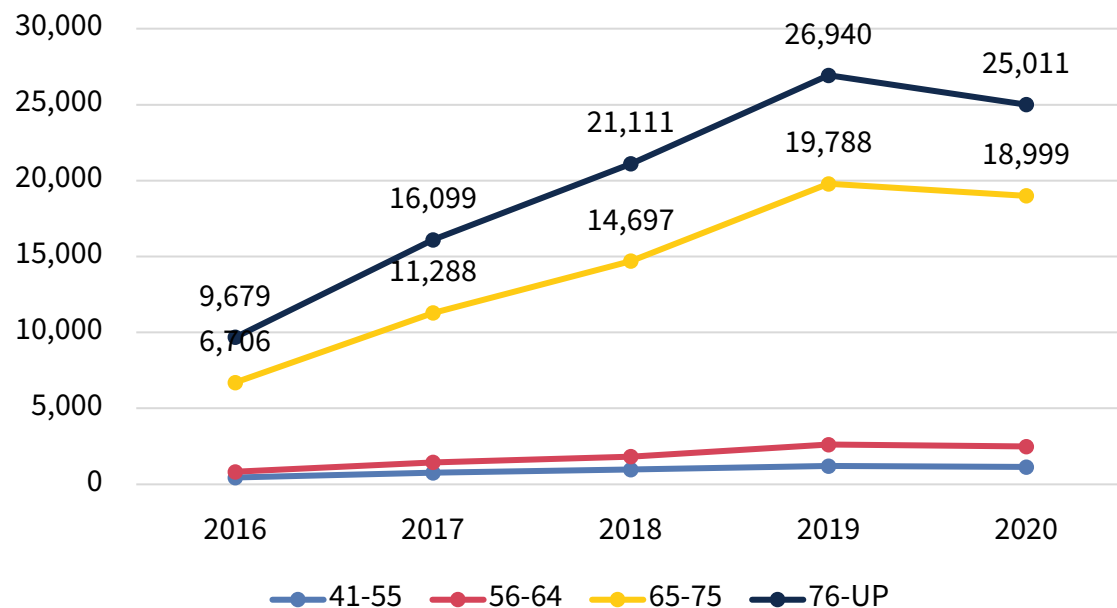
ACP Beneficiaries by Race and Gender, 2020



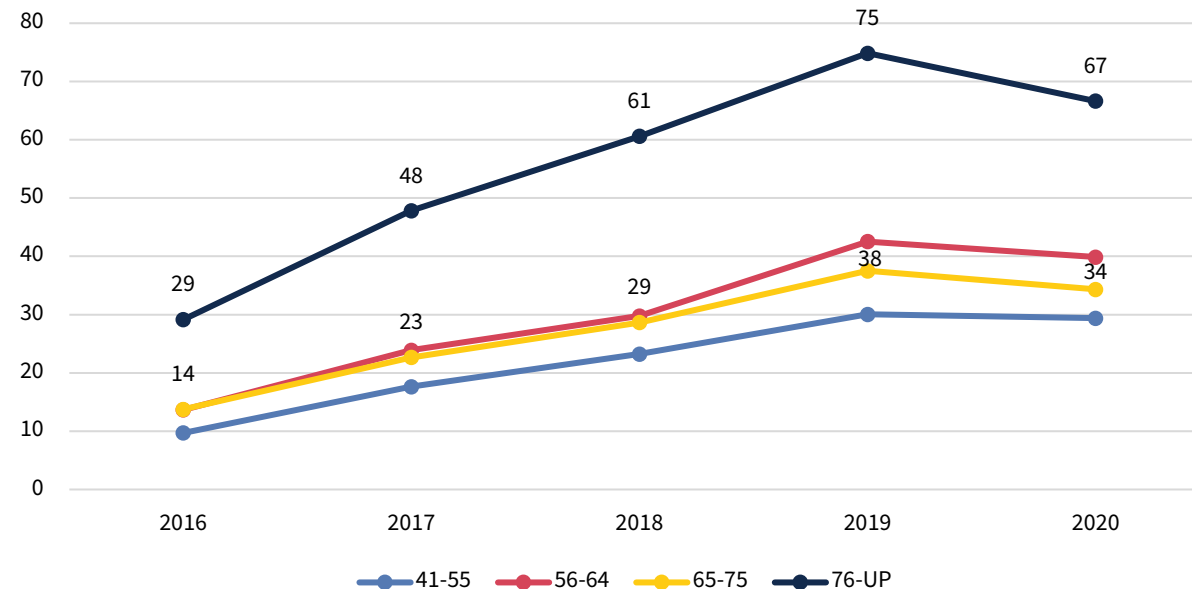


Age – Benes with ACP Claims

ACP Beneficiaries by Age and Year, 2016-2020



ACP Beneficiaries/1,000 by Age and Year 2016-2020



Benes with ACP claims per 1,000 declined by 10% (data not shown) during the COVID-19 pandemic among patients aged 65 and over.



County

- ▶ In 2020 (during the COVID-19 pandemic) ACP use per 1,000 were higher than in 2019 for Caroline, Carroll, Cecil, Garrett, Howard, Kent, Queen Annes, and Somerset counties.
- ▶ Among the five largest jurisdictions Anne Arundel and Prince George’s have the lowest rates.
- ▶ Saint Mary’s, Baltimore City, and Charles counties saw the biggest declines from 2019-2020.
- ▶ Garrett had the lowest rate each of the five years.

ACP Beneficiaries/1000 by County, 2016-2020

	2016	2017	2018	2019	2020
Allegany	41	57	51	51	48
Anne Arundel	18	27	32	32	30
Baltimore	24	35	46	53	48
Baltimore City	20	28	35	54	39
Calvert	7	10	28	34	31
Caroline	5	14	17	36	59
Carroll	10	21	28	67	68
Cecil	5	15	23	35	36
Charles	6	13	26	45	34
Dorchester	9	23	41	66	62
Frederick	27	46	47	64	59
Garrett	9	12	15	16	21
Harford	11	27	39	47	44
Howard	11	22	34	45	51
Kent	11	26	24	23	42
Montgomery	28	46	49	61	57
Prince Georges	12	25	35	46	38
Queen Annes	8	16	14	21	25
Saint Marys	8	16	105	89	55
Somerset	18	42	44	37	50
Talbot	6	15	21	35	35
Washington	8	14	20	50	45
Wicomico	42	73	73	64	59
Worcester	23	31	28	33	33

Key

- Red- <25th percentile
- Yellow- 25th to 75th percentile
- Green- >75th percentile



Comparisons with Health Affairs Study

Age

- ▶ As expected, Maryland and the Health Affairs (HA) study found people younger than 65 years had lower use.
- ▶ HA study found higher use among patients with terminal illness/at risk of dying the following year.

Gender

- ▶ As expected, Maryland and HA study found that women had more ACP visits than men.

Race

- ▶ Maryland and HA study found similarities in White and Black patient claims.
- ▶ Maryland and HA study found similar patterns in ACP claims between Black and Hispanic patients.



Limitations

HA and Maryland Analyses

- ▶ Did not include qualitative data (e.g. discussions about ACP). Would be interesting to do a qualitative study on knowledge and perceptions of ACP to identify barriers and facilitators.

HA Analysis

- ▶ Study was conducted before COVID-19 pandemic.

Maryland Analysis

- ▶ Did not consider effect of socioeconomic status in our analysis.
- ▶ Did not assess confounding variables and how it could impact the results.
- ▶ Was not specific to diagnosed condition (cancer, hypertension, hip fracture, kidney disease, etc.).
- ▶ Did not look at ACP claims by the site (i.e. during/apart from a wellness visit).
- ▶ Did not look at ACP use at the time of death or a year before death.



Recommendations & Conclusion





Recommendations

- ▶ Develop targeted campaigns to increase knowledge and awareness among underutilized groups.
 - ▶ Identifying barriers to ACP use among these groups would be necessary.
 - ▶ Begin with counties and regions with lowest utilization.
- ▶ Launch pilot programs to promote patient-provider communication to increase use of advance care planning.
- ▶ Identify factors that explain differences in advance care planning among select populations.



Conclusion

- ▶ Advance care planning is important for informing medical decision-making.
- ▶ Results from this analysis provide confirmatory evidence that ACP, even though available, is underused.
- ▶ Medical and public policy interventions may expand use of ACP.

Next Steps

Plan to do additional analyses, work with MDPCP Program to determine possible impact, and align this work with other end of life initiatives.



Thank You

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